

PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. // /	
ALLERGIES:	
Use Last Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg/d)
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DIOIB: // /	
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D.O.B. / /	
ALLERGIES:	
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Use Third Date: / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Book Transform	DIAGNOSIS (It Chg'd) Vertical Herris Tree RA
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DOB 11 122 CS Make	the box more
	Bolt for Ventral Henry to keep
ALLERGIES: 4 MAYA & WILLIAM	No Heavy Athy off X6 Math
Use Second Date	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Red Earnest	DIAGNOSIS and herma Co
111914	motion 600 mg Bid X 90 days JAM
, D.O.B. 11/2355	avoid gas moluino nea i have
ALLERGIES: MKA	lifting on @ arm form
$(\mathcal{N}'\mathcal{N})$	Profile to wear Cooper Evel Ila Ochil
Use First Date 4/15/04	GENERIC SUBSTITUTION IS NOT PERMITTED
	MEDICAL RECORDS COPY COULT
60110 (4/03)	



PHYSICIANS' ORDERS

NAME: PIESO, GARNES /	DIAGNOSIS (If Chg'd) MARIA GODMA + WAX 5 days
D.O.B. 123,195 ALLERGIES: NKI) 31064	- Styles
Use Last Date 3 / (0/0) Star	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Road Corners	DIAGNOSIS (If Chg'd) Refer to Mental Health -
D.O.B. 1 2355 Sted	LA AUGO
ALLERGIES: NO STOCKED	PTO Or and MOSCOHON
NAME: Reed, Earnest	DIAGNOSIS (If Chg'd)
111914	Sway velent
D.O.B. 1123155	
ALLERGIES: NX A	
Use Third Date 7/8/04	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: GOOD EOFNOST	DIAGNOSIS (If Chg'd) Abol homia
D.O.B. 11 128 155 ALLERGIES: NYON Use Second Date 2 1 4 104	Bottom Bunk x lemon, No heavy 2 lifting (>1016s). Fru = mo requireding possible &1 surgical consult.
NAME: Reed, Eknest # 111914	DIAGNOSIS DE LA VILL 100mg & attax 1d TO PON MCLINE MARKETS
D.O.B. 11 183155 ALLERGIES: N.K.DA	Joseph Marino
Use First Date 11 12603	GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

	THIOIDIANO UNDENS
NAME: Reed Emment	DIAGNOSIS (II Chg'd) Ventral Hermix, cons, spren ephale
#111914 6/V	BBP, no grolang Handrag, to Heavy letting X 6 Ma
D.O.B. 1 1231 55	Zantac 150 mg it to Back 10 days
ALLERGIES: NEW	Periogene is to the key x 14dy
Data (A)	Mod Bridge & G Marti
NAME: Reed, Earnest	☐ GENERIC SUBSTITUTION IS NOT PERMITTED DIAGNOSIS (If Chg'd)
AB# 111914 C, Notes 05.	Zawtac 150 x ipoled + 90 doup
D.O.B. 1/133155 3/2 MAPA	110 Dribarbouse / Vilippins with
ALLERGIES: NKA	
Use Fourth Date 3 / 28/05	A 1 A
	GENERIC SUBSTITUTION IS NOT PERMITTED
I NAME: Reed reasonest	DIAGNOSIS (II Chg'd) Ventral Herming Ginas.
#111914	Abd Sinder & 6 Marks
D.O.B. 11 127155	Boton buk no prolonged standing, no
ALLERGIES: NIMA	henry later, proflex x 6 March,
O'X-	Zantac 150 Lg & lo BID x 60 dgag?
Use Third Date 2 / 16 /65	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Real Garrest	DIAGNOSIS (If Chg'd)
HARIY /	retarus os nortin
D.O.BU 12355 ALLERGIES: NEOA	
ALLEMAILS. 1000)	JOB naulant Police
Use Second Date [/ 1) / 5	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Reed, Earrort	DIAGNOSIS Yewhol Hearth,
111914 Dry LIK	Zinariesis (t.)
Sylation	Tylend soons if to Bis the X30 days
D.O.B. 11 133155	Zanta 150 g & lo Box × 30 days
ALLERGIES: MASA	
Use First Date \ / \) /o >	GENERIC SUBSTITUTION IS NOT PERMITTED
1 11 2	SERENIC GOBOTTO HOR IS NOT FERMITTED
60110 (4/03) ME	DICAL RECORDS COPY

11,23,55 Reed, Earnest Date/Time Inmate's Name: PO n 18 7968 11-1203 WOOLW Trespond ternin pain my -10 chanz for & knee for which pt is seeken Bengag. He welster Maturagele recodent at ag 1/4 with I fractive of the L les. He is the growing for a seft that from le - worthy for this seppon dentures - the its May Ly sent 15×10en rentral forms whater, chance/stuble V



	Inmate's Name: Reed Earnest 11/94 D.O.B.: 11/03 155
1/20/15 12/5	Wt. 215 T. 97.2 122/70 92 20
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	TPS: notes tone - Prostate: MAL.
	Ands: pellenish Home O
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	no tendrama, al skin
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*	Ventral Hum CERIS.
-	N:-AM Sinder, propler
	- Leven Zhe x 2 Muly
60111 (5/85)	Complete Both Sides Before Using Another Sheet

Date/Time Inmate's Name: Date/Time Inmate's Name: Date/Time Inmate's Name: Date/Time Inmate's Name: Diology of Document 15-8 Filed 11/09/2005 Page 6 of 14 Diology of Document 15-8 Filed 11/09/2
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My: MA HMANT: Mr
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60111 (5/85)	And the Bott Older Botton in 1973



Date/Time	Inmate's Name: Reed, Earrest	D.O.B.: 11 R3155
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1 14 W. J.		



Date/Time	Inmate's Name: Read , Sarnest 111914 D.O.B.: 11123 155
15/04 (De	WT-195 BP 11960 P 94 R 14 7 998
	S/C Clo problem à horrlig
	48 wm c/o hurnia Dain Hx of 65w do Belly X340
	48 wm c/o hirnia Pain Hx of 65w do Belly X3go X3 years Pain wise often heavy lifting,
	also has I Bottom use tooth & filling crumbling
	Gen AAOX3 NAD also Co @ Shoulder pain
	HEET Bottom incisa à filling zone
	cor RRRO Murman Lungs CAA
· · ·	ABD LLQ Petici noted, Bulg in purumpilica area
, ,	no masses noted, home pennetradaste old scar
-45	from upper mid gestre to lover mic zostie, healed.
A	hernia periumbilia
	arthritis @ Shorton
P	avoid gos producing veg. awid heavy lefting
	Metrin 600 mg Bid X 90 days
	Matrin Goo mg Bid & godags flu & Physician for refund to Surgeon.
	J Hand Carp
laining	Profite for cooper Bracket on @ hand for
4/15/8	or arthuis relif X la months.
2.	- Algle CRuf
	4-15-04 NAD 210
-)	Cooley Cas

Date/Time	Inmate's Name: Document 15-8 Filed 11/09/2005 Page 10 of 14 D.O.B.: / /
5/11/04 8A	WT-148 198 140/80 88 18 T 968 5C
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	weight - Ste typ hap for mid osw 1927 ~ 2+ is
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Case 2:05-cv-00770 CSC Document 15-8 Filed 11/09/2005 Page 11 of 14



	Α
Date/Time	Inmate's Name: Red Errest # 11 19 N D.O.B.: 11/23/55 Wt. 186 120/80 96 18 7. 98, 2 FL
2/18/04/14	W+. 186 120/80 96 18 7 98,2 FU
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	PE um to middle susped incom. 10
	6 x 4 may herror papese.
	A ventral hernes
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	It Inlessa



Date/Time	Inmate's Name: held Earnust D.O.B.: 11 23 55
1/30/04	WF. 181 B/p-120/80 P-80 RICE T97
· · ·	SIU hemia
24/04	wt. 182 120/80 M2 16 T. 94.8 SC
1155	herria
S.	4840 WM & Abdominal hernia. SIP GSW to Abd
	u 1987 - Reports he developed Dernia while like
	weight. Clo and soreness-frequent.
0	vss- upp roted.
	Abd Verticae Scar - mid section noted.
	Bhulging (hernia) noted 3 in above unbilious,
	Soft, mild Jenderness. lasky reducible -
	asking about possible surgical correction.
A	Abd. Hernia
Ρ	BBP, NO heavy lifty x6m
	Fluz mo Cola CRy.
1	



Nursing Evaluation Tool:

General Sick Call

	Facility: ECF)
	Patient Name: CON CONT
	Inmate Number: Date of Birth: 1351 195
	Date of Report: 10 101205 Time Seen: 930 AM I PM Circle One
<u>S</u> ubje	ctive: Chief Complaint(s): "I have gan a my luraia & se
	Onset: Mue Dan D'Oleg from Withritis
Brief	History: Py has ffx of ab-dominal hermin of do arthrits
(Contir	ue on back if necessary) (C) (Lety-
<u> </u>	' 0
	Check Here Lapkilional notes on back
Objec	$90^{\circ}\pi$ $1/1$ $1/2$ $1/2$ $1/2$ $1/2$
. — .	ination Findings: Py States Lerwa (abdornial) is "getting
	ne on back if necessary)
U	Lorse. Also benulsto David Bergan har arettite
	I'm Ardhedo
	and produced of
/ Asses	Strent: (Referral Status) Proliminary Determination(s):
Asses	Sment: (Referral Status) Preliminary Determination(s): Referral NOT REQUIRED
<u>A</u> sses	Sment: (Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply)
<u>A</u> sses	Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) CRecurrent Complaint (More than 2 visits for the same complaint)
<u>A</u> sses	Sment: (Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply)
<u>A</u> sses	Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other:
Asses	Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) CRecurrent Complaint (More than 2 visits for the same complaint)
<u>A</u> sses	Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given. Check All That Apply: Instructions to return if condition worsens. Check and the patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do
<u> </u>	Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given. Check All That Apply: Instructions to return if condition worsens. Reducation: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. PES NO (If NO then schedule patient for appropriate follow-up visits)
<u>P</u> lan:	Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given. Check All That Apply: Instructions to return if condition worsens. Check All The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. CHES ONO (If NO then schedule patient for appropriate follow-up visits)
Plan :	Referral NOT REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given. Check All That Apply: Instructions to return if condition worsens. Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. GYES NO (If NO then schedule patient for appropriate follow-up visits) Other: Medications given NO GYES (If Yes List): Adual Your Wood Date for referral: Other: Date for referral: Other WhomWhere): Date for referral: Other Wood Date for referral: Other WhomWhere: Date of the patient of the
Plan: OTO	Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given. Check All That Apply: Instructions to return if condition worsens. Education: The patient demonstrates are understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. (In YES NO (If NO then schedule patient for appropriate follow-up visits) Other: (Describe) Medications given NO PYES (If Yes List): Adval Your Mount of the condition of the conditio
Plan: OTO	Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given. Check All That Apply: Instructions to return if condition worsens. Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Of the nature of their medical condition and instructions regarding what they should do nature of their medical condition and instructions regarding what they should do nature of their medical condition and instructions regarding what they should do nature of their medical condition and instructions regarding what they should do nature of their medical condition an



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Carnest Ree	d	Date of Request:	10-14-05
ID#_///9/4	Date of Birtl	Date of Request: h: //-23-55 Loc	ation: 6-B-88
Nature of problem or request: Pain in Almia and pain in right			
	gram un		
			<u> </u>
		<u> </u>	gnature
DO NOT WRITE BELOW THIS LINE			
Date:// Time: AM PM Allergies:		RECEIV Date: ゆんしゃ	_
	1	Time: 940/77 Receiving Nurse I	ntials 607
(S)ubjective:			
(O)bjective (V/S): <u>T:</u>	P:	R:	
(A)ssessment:		SU	Net
(P)lan:			
Refer to: MD/PA Mental Health	Dental Dai	•	Return to Clinic PRN
Check One: ROUTINE () EME If Emergency was PHS supervi Was MD/PA on o	RGENCY (isor notified:)	
SIGNATURE AND TITLE			
WHITE. INMATES MEDICAL FILE	510		

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT